Physicians' Newsletter

PUBLISHED BY THE MEDICAL SERVICES PLAN FOR MEDICAL PRACTITIONERS

Fall 2010

Inside this Issue

Medical Office Assistant Website	1
2011 Close-Off Dates	1
Billing Fee Items 96220, 96221 & 96222	2
2011 Designated Statutory Holidays	2
Travel Assistance Program	2
Self Monitoring of Blood Glucose	3
Best Chance Website	4
MSP Forms Can Now Be Submitted Online	5
GPAC	6
GP Point of Care Testing	7

Inserts

- GPSC Fee Items
- SSC Fee Items
- Alzheimer's Drug Therapy Initiative
- MSC Payment Schedule Update
- Heart & Stroke Foundation

NEW *Medical Office Assistant Website*

⟹ **http://www.health.gov.bc.ca/msp/infoprac/moaguide/index.html**

The Medical Services Plan (MSP) is pleased to announce a new site for Medical Office Assistants (MOA's) on the MSP website. Information on the site includes the MOA Billing Guide – the Billing Guide has been developed to provide physicians and MOA's with MSP operation and billing information. Enhancements and updates will be added to the site on an on-going basis.

For definitive information on fee-for-service billing codes and amounts, consult the current ***MSC Payment Schedule***. If a discrepancy exists between the information contained in the Guide and the *MSC Payment Schedule*, the information in the *MSC Payment Schedule* will prevail.

On the MSP website you can also find information including:

- MSC Payment Schedule
- Diagnostic Codes
- Explanatory Codes
- Forms for Physicians
- Teleplan Information and Specifications
- Physicians' Newsletter
- MSP Statutory Holidays and Close-off Dates
- Guidelines and Protocols

⟹ **www.health.gov.bc.ca/msp/infoprac/index.html**

2011 Close-Off Dates

January	04 & 19	May	04 & 19	September	06 & 21
February	04 & 17	June	06 & 21	October	04 & 20
March	04 & 22	July	06 & 20	November	03 & 21
April	06 & 18	August	04 & 22	December	06 & 19

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Ministry of Health Services

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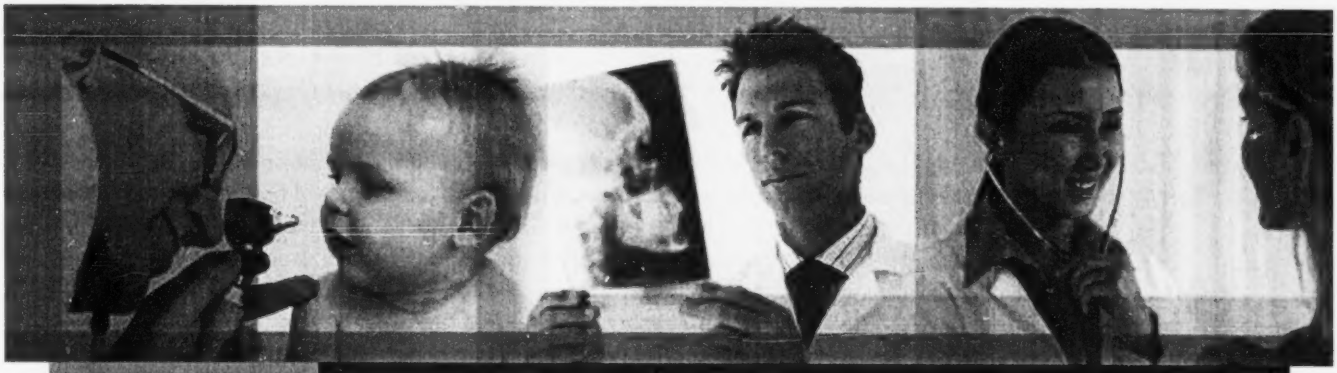

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Billing Fee Items 96220, 96221 and 96222

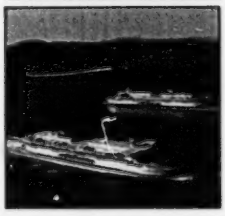
Office of the Superintendent of Motor Vehicles (OSMV) Form

One of the most common refusals encountered with billing fee items 96220, 96221 and 96222 for completion of the OSMV driver's medical reports is the requirement for the patient's driver's licence number to be entered in the first seven spaces of the note or comment section of the claim. Please do not include DL or the # sign as the Teleplan system is programmed to read the first seven spaces of the note or comment section and will only recognize numeric values. When any other data is entered in the first seven spaces, the claim will be refused with explanatory code MX – driver's licence number is not numeric, is missing or is not located in the first seven spaces of the note or comment field.

For more information regarding the OSMV Form Fee Items and the complete fee item descriptions, click **here**. ⇐

2011 Designated MSP Statutory Holidays

January 3	Monday	In lieu of New Years Day	September 5	Monday	Labour Day
April 22	Friday	Good Friday	October 10	Monday	Thanksgiving Day
April 25	Monday	Easter Monday	November 11	Friday	Remembrance Day
May 23	Monday	Victoria Day	December 26	Monday	Boxing Day
July 1	Friday	Canada Day	December 27	Tuesday	In lieu of Christmas Day
August 1	Monday	B.C. Day			



Travel Assistance Program (TAP BC)

Please take a moment to visit the new TAP BC website at :

⇒ **www.health.gov.bc.ca/tapbc/index.html**

TAP BC is a medical travel assistance program for eligible B.C. residents who are required to travel outside their home community to obtain non-emergency, physician-referred specialist medical care. The website contains helpful information to guide physicians and their patients through the eligibility and application process.

As well, updated Physician and Patient Information Sheets are available by contacting Health Insurance BC through the contact numbers provided on the website.

Self-Monitoring of Blood Glucose

You will be hearing more about self-monitoring of blood glucose (SMBG) in people with diabetes. For patients not on insulin, new evidence shows that routine SMBG does not lead to a clinically significant improvement in glycemic control. A systematic review conducted by the Canadian Agency for Drugs and Technologies in Health showed that routine SMBG among patients with non–insulin-treated type 2 diabetes was associated with a statistically significant, but not clinically relevant, improvement in glycemic control (difference in A1C = – 0.25%). For patients who were not using pharmacotherapy to control their diabetes, improvements in glycemic control were less pronounced and statistically non-significant.

This is good news for your patients. Many will have less pain from testing, less worry about maintaining records and log books, and less expense for lancets and related supplies – all with no negative impact on their health. They will need your help to understand this new information. You can explain that management strategies evolve over time, and we change our approach when new information becomes available.

This is good news for our health care system as well. If recent recommendations became common practice, health outcomes for those living with diabetes would not be compromised, while about $23.54 million annually could be redirected to other priorities.

You already know there is more to self-management than blood glucose readings – but do your patients? You may need to remind them about:

- eating a healthy, nutritious diet
- exercising regularly
- maintaining a healthy weight
- taking all prescribed Medications as directed
- monitoring blood pressure
- managing cholesterol
- ensuring good foot care
- seeing you regularly and talking to you about their A1C results

For more information:

- Check your mail for the latest Education for Quality Improvement in Patient Care (EQIP) prescribing portrait
- Visit the Canadian Agency for Drugs and Technology in Health website for research reports and tools to use with your patients

"...new evidence shows that routine SMBG does not lead to a clinically significant improvement in glycemic control."

THE BEST CHANCE WEBSITE

A Valuable Resource for Promoting Maternal and Early Child Health among Your Patients

"..a new resource to promote healthy living among women, expetant parents, and families with children up to the age of three."

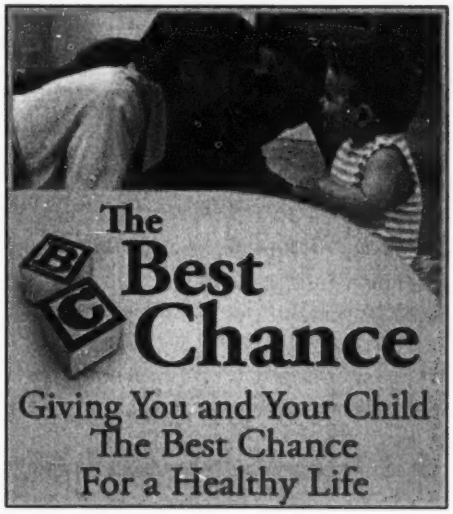
The *Best Chance Website*, a new resource to promote healthy living among women, expectant parents, and families with children up to the age of three. The website features user-friendly navigation, practical information and interactive tools. The content includes key information from publications such as: *Baby's Best Chance*: *Parents' Handbook of Pregnancy and Baby Care; Toddler's First Steps: A Best Chance Guide to Parenting Your 6 – 36 month old Child; and You and Your Health: A Woman's Guide*. The website offers six comprehensive sections and interactive tools:

Comprehensive Sections

- Women's Health
- Pregnancy
- Birth
- You and Your Baby (0 – 6 months)
- You and Your Toddler (6 – 36 months)
- Feeling Blue

Interactive Tools

- Educational Quizzes
- BMI calculator
- Healthy Weight Gain Estimator (for pregnancy)
- Birth Wishes Template
- ...and more!



We encourage you to share the website with your patients:

⟹ **www.bestchance.gov.bc.ca**

For promotional materials to display or distribute in your office, please contact: carolyn.solomon@gov.bc.ca

Many Medical Services Plan Forms Can Now Be Submitted Online

Effective August 2010, several Medical Services Plan (MSP) forms became available for online submission. This gives many British Columbians the option to electronically request enrolment in MSP, a change to the information on their MSP accounts, and replacement of their CareCards. For B.C. residents, most of these forms are still available to fill, print and mail to Health Insurance BC.

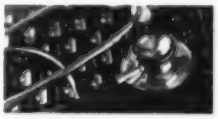
Practitioners who submit claims for fewer than 2,400 services per year and earn less than $72,000 annually in fee-for-service payments (who do not submit to MSP via Teleplan) may now submit claims online with the new Pay Practitioner and Pay Patient Claim forms. Submitting online has a number of advantages, including:

- no data entry fees or postage;
- a faster and easier way to input your data and submit your claim;
- faster processing times;
- greater assurance of the accuracy of information; and
- a reduction of paper waste.

"Practitioners who submit claims for fewer than 2,400 services per year and earn less than $72,000 annually in fee-for-service payments may now submit claims online..."

Claim cards will no longer be available. However, if you wish to mail-in a paper version of an online form, you can download and print a PDF copy from our website below, or you can write to Health Insurance BC at the mailing address below to request a form be mailed to you.

A data entry charge of $0.40 plus HST still applies for mail-in claim forms. Pay Reciprocal and Pay Dentist Claim forms are not yet available for online submission, but have been replaced by online PDF forms to fill, print and mail to Health Insurance BC.



For more information, please visit:

⟹ **www.health.gov.bc.ca/insurance/index.html**

Practitioner Accounts
PO BOX 9480 STN PROV GOVT
Victoria BC V8W 9E7

Lower Mainland: 604 456-6950
Rest of BC: 1 866 456-6950

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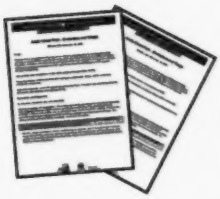
Guidelines and Protocols Advisory Committee



Click to Download Guidelines

The Guidelines and Protocols Advisory Committee (GPAC) is a jointly chaired committee between the British Columbia Medical Association and the B.C. Ministry of Health Services, reporting to the Medical Services Commission. GPAC has engaged practicing physicians in B.C., including general practitioners and specialists, to evaluate clinical evidence and publish on numerous conditions, with particular focus on circumstances in B.C. For more information on the guidelines development process, please visit:

⟹ www.BCGuidelines.ca.

NOTICE BOARD—WHAT'S NEW

Fall 2010

The following updated guidelines have been added to the BCGuidelines.ca web site:

- NEW **Febrile Seizures**
- NEW **Oral Rehydration Therapy**
- NEW **Palliative Care Part 1 - Approach to Care**
- NEW **Vitamin D Testing**
- NEW **Warfarin Management (new)**
- NEW **Warfarin Management During Invasive Procedures**
- **Asthma - Diagnosis and Management (update)**
- **Diabetes Care (update)**
- **Iron Deficiency - Investigation and Management update)**

GPAC clinical practice guidelines are now available in iPod Touch and iPhone format – FREE! This free application contains over 30 clinical practice guidelines in abridged format. The application is easily updated as more guidelines become available. Guidelines can be searched and sorted by topic. This application serves as a condensed, portable companion to the full clinical practice guidelines found at www.BCGuidelines.ca, where over 50 guidelines are available in a range of formats.

GP Point of Care (POC) Testing

As of April 1, 2009, physicians registered with the Methadone Maintenance Therapy (MMT) program are able to claim for administering an in-office (point of care) urine test for their patients who are registered in the MMT program, as part of the overall management of the patient.

The fee item is described as follows:

P15039 GP Point of Care (POC) testing for methadone or buprenorphine/naloxone maintenance $11.02

This fee item is billable in addition to:

Fee Item 00039 – Methadone or buprenorphine /naloxone treatment only $22.35

Physicians are encouraged to use POC testing in-office to provide the best patient care, reduce unnecessary expenditures on the health system (i.e. confirmatory testing), and support the intent of the Clinical Practice Guideline for MMT:

> *Confirmatory testing (reanalyzing a specimen which is positive on the initial immunoassay screening test using a different analytic method) is expensive and seldom necessary once a patient has enrolled in the MMT Program. Accordingly, confirmatory testing should only be utilized when medically necessary and when a confirmed result would have a significant impact on patient management. Confirmatory testing is available only upon approval by a laboratory physician.*

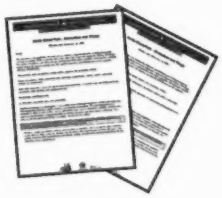
Additionally, the Section of General Practice and the Ministry of Health Services have jointly developed guidelines specifically for POC testing for methadone maintenance patients. This guideline can be found in the news section on the SGP website:

⟹ **www.sgp.bc.ca**

Interactive E-Newsletter Feature

Please note that all links within the Physician Newsletter are active. The table of contents is also interactive allowing you to easily navigate throughout the e-newsletter. To return to the main page, simply click on the article / insert title!

Guidelines and Protocols Advisory Committee



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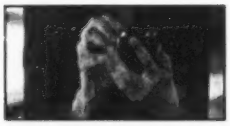

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